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LETTERS AND CORRESPONDENCE

Successful Treatment of HIV-1-Related, Zidovudine Resistant, Thrombocytopenia With Didanosine

To the Editor:

Thrombocytopenia is relatively common in patients infected with human immunodeficiency virus (HIV), occurring in 5 to 15% of asymptomatic patients [1]. Several drugs, such as zidovudine (AZT) [2] and Interferon α [3], have been documented to be effective in placebo-controlled, prospective clinical studies. High dose intravenous immunoglobulins have also been used in some patients with good results, even though its indication is limited by short-lasting effect and high costs. Many studies, however, are still ongoing to find alternative approaches for the treatment of HIV-related thrombocytopenia because of inefficacy, poor tolerability, and high cost of the classical therapies.

To our knowledge, only one case of zidovudine-resistant thrombocytopenia successfully treated with didanosine (DDI) has been reported in the literature [4]. We report a case of HIV-related thrombocytopenia recovered after switching from AZT to DDI.

A 29-year-old heterosexual man was found to be HIV-infected in 1992 when he was seen on an outpatient basis at our institution because of the appearance of diffuse petechia and ecchymosis. His CD4 cell count was 500×10^6/L (36%) and HIV p24 antigen was undetectable. Hematologic laboratory tests were performed evidencing a severe thrombocytopenia with a platelet count of 6,000/mm^3. Clinical examination was normal without spleen enlargement. Because of HIV-related thrombocytopenia, the patient was treated with AZT 1,000 mg/day for 8 months with no increase of the platelet count above 15,000/mm^3, although without clinical evidence of thrombocytopenia. Progressive impairment of the immune system was observed as well, with CD4 cell count decreasing until 233×10^6/L (25%) during the course of the AZT therapy. In October 1993 the therapy was then switched to DDI 600 mg/day and a prompt and large increase of platelets count was observed, with more than a doubling after 2 months of therapy and a fivefold increase after 1 year of therapy. The response was persistent, since it remained stable after 2 years and 6 months of DDI therapy. Notably, also a significant improvement of the immune system

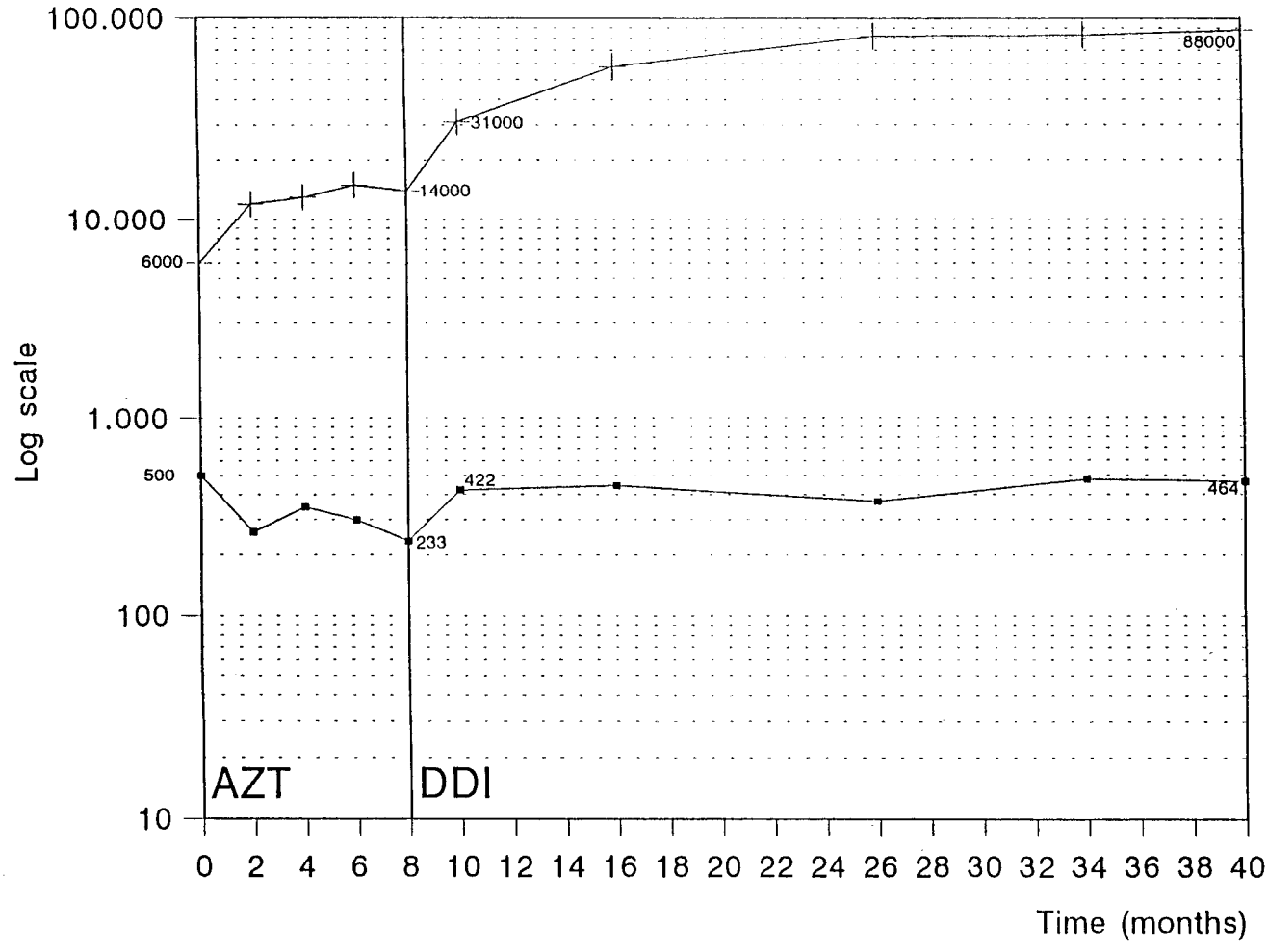

Fig. 1. CD4 cell count (■—■—■)and platelets (+—+—+) course during zidovudine (AZT) and didanosine (DDI) therapy.

was observed with CD4 cell counts increasing up to $422 \times 10^6/mm^3$ (34%) after 2 months of therapy and persisting at that level so far. The course of platelets and CD4 cell counts during AZT and DDI therapy is depicted in Figure 1.

The effectiveness of DDI in the management of HIV-related thrombocytopenia is controversial. At the present time, only one report described the efficacy of DDI on HIV-related thrombocytopenia in an adult HIV-infected patient [4], while another report showed the efficacy of DDI in three pediatric patients [5]. On the other hand, some cases of relapse after switching from AZT to DDI and some cases of DDI associated thrombocytopenia have been reported.

In our opinion the response observed in our patient is due to the antiretroviral activity of DDI. We think that DDI should be considered in the management of HIV-related, AZT-resistant thrombocytopenia in the first instance, especially when the patient has a rather good immunological situation and DDI may exhibit a significant antiretroviral effect.

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